



Selection of Advisor via Research Rotations

Name of Student: _____

Minimum of five faculty members interviewed. Have them sign below.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

1st Rotation Advisor: _____

Start Date: _____

2nd Rotation Advisor: _____

Start Date: _____

Choice of a major field of study or major option in the Program:

To the chosen faculty advisor:

Are you willing to assume full support for this student commencing with the time he/she joins your group? Yes _____ No _____

Comments:

Signature of chosen faculty advisor: _____ Date: _____

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Approval by Director on behalf of Macromolecular Science and Engineering:

Signature of Director: _____

Date: _____